

## POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION

REGION

3

SITE NUMBER

MD 70015

NOTE: The initial identification of a potential site or incident should not be interpreted as a finding of illegal activity or confirmation that an actual health or environmental threat exists. All identified sites will be assessed under the EPA's Hazardous Waste Site Enforcement and Response System to determine if a hazardous waste problem actually exists.

A. SITE NAME

American Shot and Lead

B. STREET (or other identifier)

Fayette, Pitt &amp; Front Streets

C. CITY

Baltimore

D. STATE

Md

E. ZIP CODE

21202

F. COUNTY NAME

G. OWNER/OPERATOR (if known)

1. NAME

2. TELEPHONE NUMBER

H. TYPE OF OWNERSHIP (if known)

☐ 1. FEDERAL☐ 2. STATE☐ 3. COUNTY☐ 4. MUNICIPAL☐ 5. PRIVATE☐ 6. UNKNOWN

I. SITE DESCRIPTION

Storage of lead wastes from manufacture of military ammunition since 1906.

J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.)

Past owner/operator notified under 103(c) of CERCLA

K. DATE IDENTIFIED

(mo., day, & yr.)  
6/9/81

L. SUMMARY OF POTENTIAL OR KNOWN PROBLEM

M. PREPARER INFORMATION

1. NAME

Kathryn A. Hodgkiss

2. TELEPHONE NUMBER

215/597-9435

3. DATE (mo., day, &amp; yr.)

12/7/81

# EPA Notification of Hazardous Waste Site

United States  
Environmental Protection  
Agency  
Washington DC 20460

This initial notification information is required by Section 103(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 and must be mailed by June 9, 1981.

Please type or print in ink. If you need additional space, use separate sheets of paper. Indicate the letter of the item which applies.

810609

MTS-000-001-007

## A Person Required to Notify:

Enter the name and address of the person or organization required to notify.

Name NL Industries, Inc.  
Street P.O. Box 1090 (Wyckoff-Mills Road)  
City Hightstown State NJ Zip Code 08520

## B Site Location:

Enter the common name (if known) and actual location of the site.

Name of Site American Shot & Lead Co.  
Street Fayette, Pitt & Front St.  
City Baltimore County  State MD Zip Code 21202

## C Person to Contact:

Enter the name, title (if applicable), and business telephone number of the person to contact regarding information submitted on this form.

Name (Last, First and Title) Baser, F.R., Dir. Environmental Control  
Redman, H.C., Environmental Engineer  
Phone 609/443-2411 or 2410

## D Dates of Waste Handling:

Enter the years that you estimate waste treatment, storage, or disposal began and ended at the site.

From (Year) 1906 To (Year)

## E Waste Type: Choose the option you prefer to complete

**Option 1:** Select general waste types and source categories. If you do not know the general waste types or sources, you are encouraged to describe the site in Item I—Description of Site.

**General Type of Waste:**  
Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category.

- 1. ☐ Organics
- 2. ☒ Inorganics
- 3. ☐ Solvents
- 4. ☐ Pesticides
- 5. ☐ Heavy metals
- 6. ☐ Acids
- 7. ☐ Bases
- 8. ☐ PCBs
- 9. ☐ Mixed Municipal Waste
- 10. ☐ Unknown
- 11. ☐ Other (Specify)

**Source of Waste:**  
Place an X in the appropriate boxes.

- 1. ☐ Mining
- 2. ☐ Construction
- 3. ☐ Textiles
- 4. ☐ Fertilizer
- 5. ☐ Paper/Printing
- 6. ☐ Leather Tanning
- 7. ☐ Iron/Steel Foundry
- 8. ☐ Chemical, General
- 9. ☐ Plating/Polishing
- 10. ☒ Military/Ammunition
- 11. ☐ Electrical Conductors
- 12. ☐ Transformers
- 13. ☐ Utility Companies
- 14. ☐ Sanitary/Refuse
- 15. ☐ Photofinish
- 16. ☐ Lab/Hospital
- 17. ☐ Unknown
- 18. ☐ Other (Specify)

**Option 2:** This option is available to persons familiar with the Resource Conservation and Recovery Act (RCRA) Section 3001 regulations (40 CFR Part 261).

**Specific Type of Waste:**  
EPA has assigned a four-digit number to each hazardous waste listed in the regulations under Section 3001 of RCRA. Enter the appropriate four-digit number in the boxes provided. A copy of the list of hazardous wastes and codes can be obtained by contacting the EPA Region serving the State in which the site is located.




RECEIVED  
RCRA SECTION  
EPA REGION III

Notification of Hazardous Waste Site	Side Two
<b>F Waste Quantity</b> Place an X in the appropriate boxes to indicate the facility types found at the site. In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons. In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.	<b>Facility Type</b> 1. <input type="checkbox"/> Piles 2. <input type="checkbox"/> Land Treatment 3. <input type="checkbox"/> Landfill 4. <input type="checkbox"/> Tanks 5. <input type="checkbox"/> Impoundment 6. <input type="checkbox"/> Underground Injection 7. <input type="checkbox"/> Drums, Above Ground 8. <input type="checkbox"/> Drums, Below Ground 9. <input checked="" type="checkbox"/> Other (Specify) <u>Unknown</u> <b>Total Facility Waste Amount</b> cubic feet <u>Unknown</u> gallons _____ <b>Total Facility Area</b> square feet <u>Unknown</u> acres _____

**G Known, Suspected or Likely Releases to the Environment:**  
Place an X in the appropriate boxes to indicate any known, suspected, or likely releases of wastes to the environment.  
☐ Known ☐ Suspected ☐ Likely ☒ None

Note: Items H and I are optional. Completing these items will assist EPA and State and local governments in locating and assessing hazardous waste sites. Although completing the items is not required, you are encouraged to do so.

**H Sketch Map of Site Location: (Optional)** *N*  
Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.

**I Description of Site: (Optional)**  
Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.

Notification based on presumed storage of lead wastes.

**J. Signature and Title:**  
The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person required to notify. If you are not required to notify check "Other".

Name	F. R. Baser	<input type="checkbox"/> Owner, Present
Street		<input checked="" type="checkbox"/> Owner, Past
City		<input type="checkbox"/> Transporter
State		<input type="checkbox"/> Operator, Present
Zip Code		<input checked="" type="checkbox"/> Operator, Past
Signature	<i>F. R. Baser</i>	<input type="checkbox"/> Other
Date	6/8/81	



Continued From Front

## IV. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

X' A. TRANSPORTER	X' B. STORER	X' C. TREATER	X' D. DISPOSER
1. RAIL	1. PILE	1. FILTRATION	1. LANDFILL
2. SHIP	2. SURFACE IMPOUNDMENT	2. INCINERATION	2. LANDFARM
3. BARGE	3. DRUMS	3. VOLUME REDUCTION	3. OPEN DUMP
4. TRUCK	4. TANK, ABOVE GROUND	4. RECYCLING/RECOVERY	4. SURFACE IMPOUNDMENT
5. PIPELINE	5. TANK, BELOW GROUND	5. CHEM./PHYS. TREATMENT	5. MIDNIGHT DUMPING
6. OTHER (specify):	6. OTHER (specify):	6. BIOLOGICAL TREATMENT	6. INCINERATION
	unknown	7. WASTE OIL REPROCESSING	7. UNDERGROUND INJECTION
		8. SOLVENT RECOVERY	8. OTHER (specify):
		9. OTHER (specify):	

## E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

site supposedly stored lead waste

## V. WASTE RELATED INFORMATION

## A. WASTE TYPE

☐ 1. UNKNOWN ☐ 2. LIQUID ☒ 3. SOLID ☐ 4. SLUDGE ☐ 5. GAS

## B. WASTE CHARACTERISTICS

☐ 1. UNKNOWN ☐ 2. CORROSIVE ☐ 3. IGNITABLE ☐ 4. RADIOACTIVE ☐ 5. HIGHLY VOLATILE  
☒ 6. TOXIC ☐ 7. REACTIVE ☐ 8. INERT ☐ 9. FLAMMABLE
☐ 10. OTHER (specify):

## C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

none

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
				unknown	
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
				unknown	
X' (1) PAINT, PIGMENTS	X' (1) OILY WASTES	X' (1) HALOGENATED SOLVENTS	X' (1) ACIDS	X' (1) FLYASH	X' (1) LABORATORY PHARMACEUT.
(2) METALS SLUDGES	(2) OTHER (specify):	(2) NON-HALOGNTD. SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(3) POTW		(3) OTHER (specify):	(3) CAUSTICS	(3) MILLING/ MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMLTG. WASTES	(4) MUNICIPAL
(5) OTHER (specify):			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	(5) OTHER (specify):
			(6) CYANIDE	X' (6) OTHER (specify):	
			(7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		
			(10) METALS		
			(11) OTHER (specify):		

lead wastes from ammunition manufacturing

Continued From Page 2

## V. WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

none - all soil excavated for basement of  
US Government Post Office

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

ORIGINAL  
(Red)

## VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD	X			
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

**VII. PERMIT INFORMATION****A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.**

- ☐ 1. NPDES PERMIT    ☐ 2. SPCC PLAN    ☐ 3. STATE PERMIT (specify): \_\_\_\_\_  
☐ 4. AIR PERMITS    ☐ 5. LOCAL PERMIT    ☐ 6. RCRA TRANSPORTER  
☐ 7. RCRA STORER    ☐ 8. RCRA TREATER    ☐ 9. RCRA DISPOSER

☒ 10. OTHER (specify): none were necessary at turn of century

**B. IN COMPLIANCE?**

- ☐ 1. YES    ☐ 2. NO    ☒ 3. UNKNOWN

4. WITH RESPECT TO (list regulation name & number): \_\_\_\_\_

**VIII. PAST REGULATORY ACTIONS**

- ☒ A. NONE    ☐ B. YES (summarize below)

**IX. INSPECTION ACTIVITY (past or on-going)**

- ☒ A. NONE    ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

**X. REMEDIAL ACTIVITY (past or on-going)**

- ☒ A. NONE    ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.

SITE NAME: AMERICAN SHOT AND LEAD

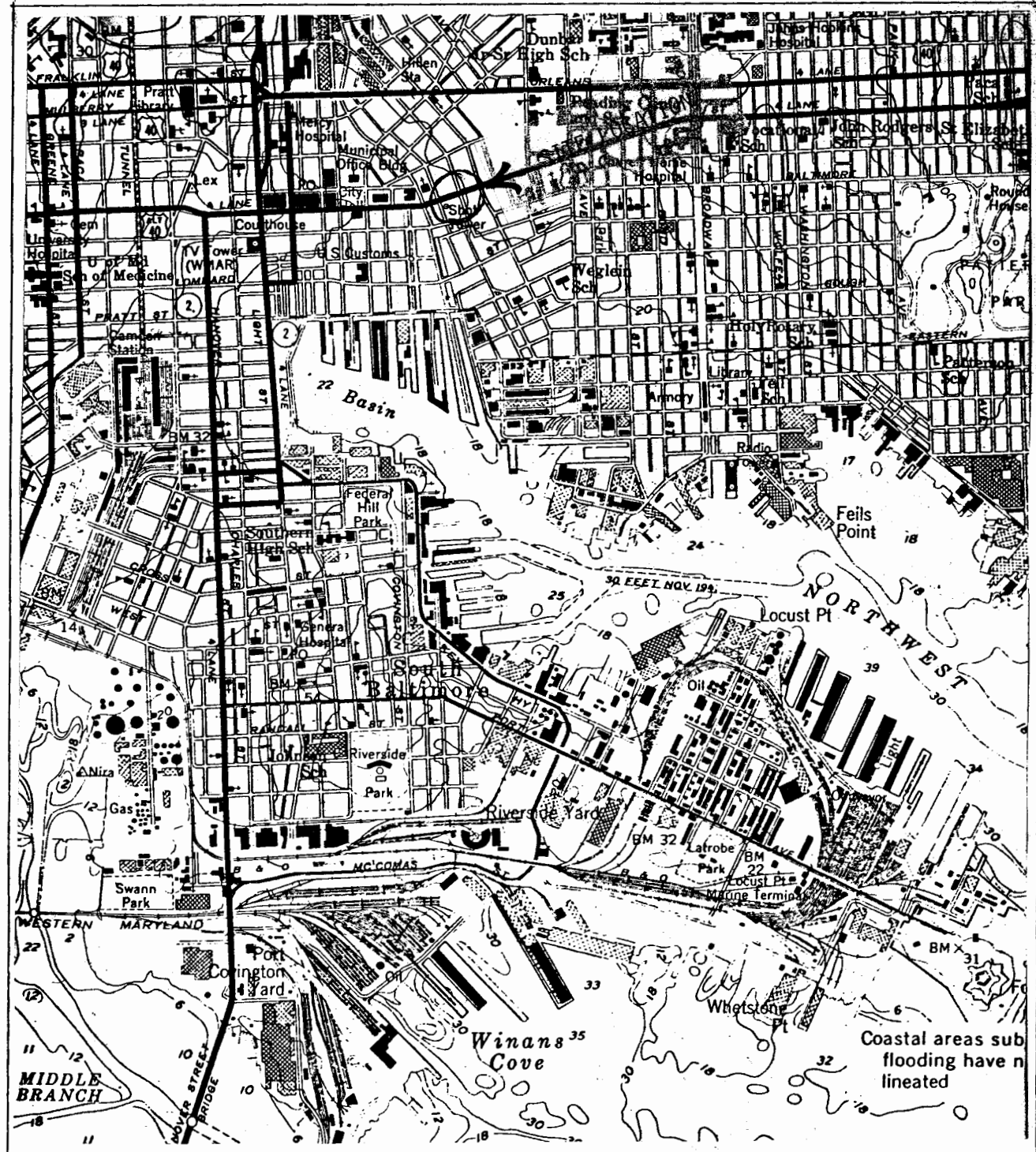
TDD NO.: F3-8201-02

EPA NO.: MD-89

TITLE: TOPOGRAPHIC MAP

FIGURE NO. 1

ORIGINAL  
(100)



SOURCE: USGS BALTIMORE MD EAST

QUAD

SCALE: 1" = 2000'

820102-05



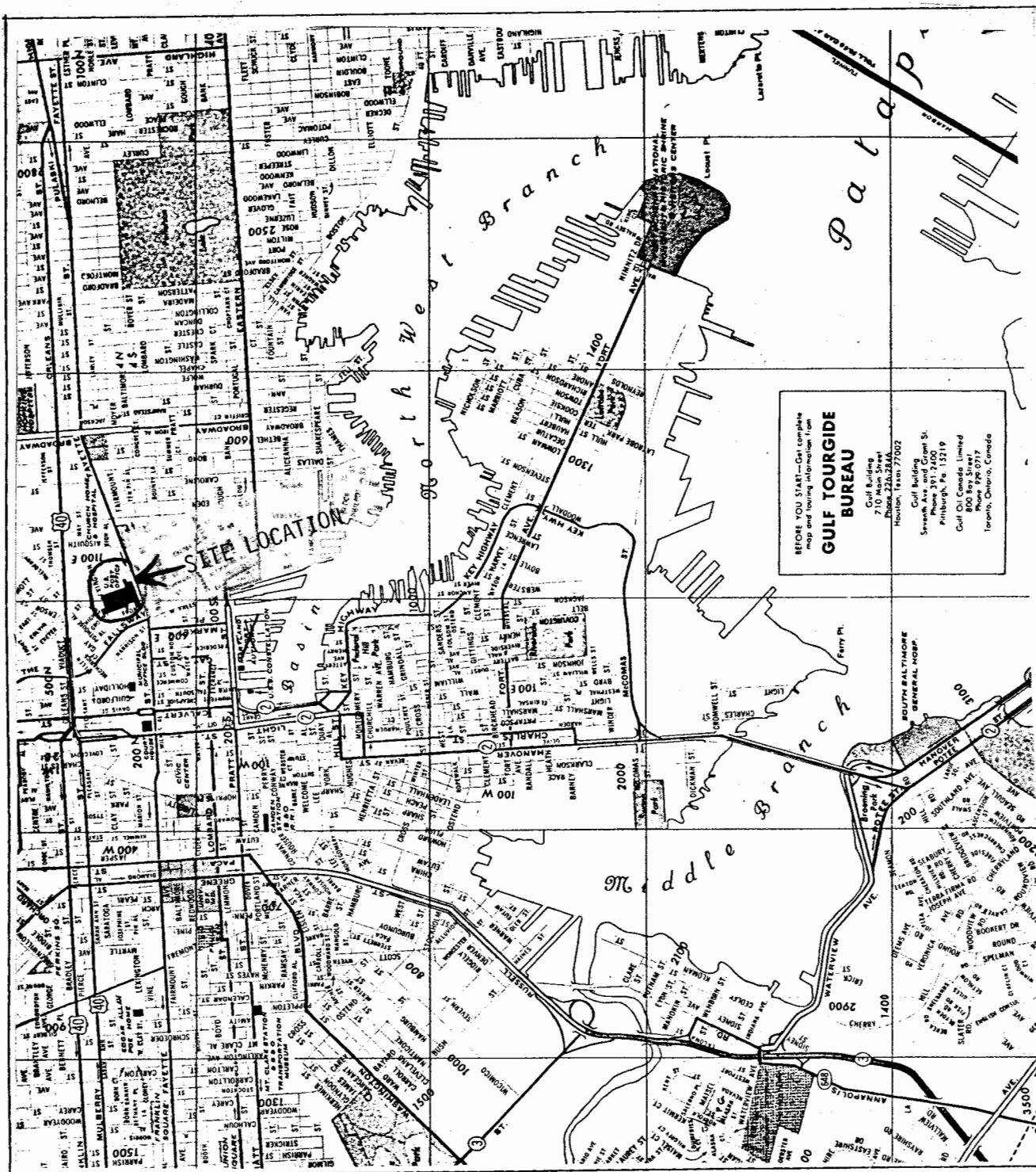
SITE NAME: AMERICAN SHOT AND LEAD

TDD NO.: F3-8201-02

EPA NO.: MD-89

TITLE: SITE LOCATION MAP  
FIGURE NO. 2

ORIGINAL  
(Red)



SOURCE: METROPOLITAN BALTIMORE MAP

SCALE: 1" = 0.53 miles